

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-034809

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4872

FILED OCT 8 1962

1. PLACE OF DEATH

a. COUNTY Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Kansas City

Length of stay in lb
15 YRS.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION St. Joseph Hospital

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Clay

c. CITY OR TOWN Kansas City, North

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
4938 North Denver

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First Middle Last
Robert Clarence Hunter

4. DATE OF DEATH
Month Day Year
9-21-62

5. SEX
Male

6. COLOR OR RACE
White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
3/8/1912

9. AGE (last birthday)
50

IF UNDER 1 YEAR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
GARMENT WORKER

10b. KIND OF BUSINESS OR INDUSTRY
FRANCES GEE GARMENT CO.

11. BIRTHPLACE (City and state or country)
Kansas City, Kans.

12. CITIZEN OF WHAT COUNTRY
U. S. A.

13a. FATHER'S NAME

Thomas L. Hunter

13b. MOTHER'S MAIDEN NAME

LeVina M. Martin

14. NAME OF HUSBAND OR WIFE

Abbie G. Hunter

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
Yes Before W.W.II

16. SOCIAL SECURITY NO.
[REDACTED]

17. INFORMANT
Address 4938 N. Denver
Mrs. Abbie G. Hunter Kansas City, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Uremia

INTERVAL BETWEEN ONSET AND DEATH
3 wks

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last:

DUE TO (b)

Chronic glomerulonephritis

10 years

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Aug 27, 1962 to Sept. 20, 1962 and last saw him alive on Sept. 20, 1962
Death occurred at 7:00 A on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Albert V Decker MD

22b. ADDRESS

Kansas City, Missouri

22c. DATE SIGNED

9-21-62

23a. BURIAL, CREMATION, REMOVAL (Specify)
Removal

23b. DATE

Sept. 24, '62

23c. NAME OF CEMETERY OR CREMATORY
Mt. Hope Cemetery

23d. LOCATION (City, town, or county)
Kansas City

(State)
Kansas

24. FUNERAL DIRECTOR

ADDRESS

D.W. Newcomer's Sons

832 ARMOUR RD. No. K.C. Mo.

25. DATE RECD. BY LOCAL REG.

9-24-62

26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

Albert V. Decker

VS 300
Rev. 4/59

1

2 1078

3

4 0

5 1

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7 1

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9 592X

10

11

12 5-0

13

Dr. Albert Decker
4706 Broadway
Room 115
Until 5:00 P.M.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Marvin D. Preston

Licensed Embalmer No.

5040

P. O. Address

No. K. C., Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.